

Binge Eating Disorder

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Binge Eating Disorder in Patients

- ▶ 3x more common than Anorexia Nervosa and Bulimia Nervosa combined
- ▶ 2.8 million Americans have BED, which is made of 3.5% Women, 2% Men and 1.6% Adolescents of the general population
- ▶ Less than a third (28.4%) of people with current BED are receiving treatment for their disorder
- ▶ Less than half (43.6%) of people with BED at some point in the lives will receive treatment

BED in the Body

- ▶ 2 out of 3 people with BED are overweight or obese
- ▶ Medical problems can include Type 1 and 2 Diabetes, hypertension, sleep disorders, metabolic syndrome, asthma, gastrointestinal symptoms and disorders;
 - ▶ Among women: menstrual dysfunction, pregnancy complications, intracranial hypertension, and polycystic ovary syndrome.
- ▶ Three out of ten individuals looking for weight loss treatments show signs of BED.
- ▶ Up to 50% of patients seeking bariatric surgery have BED
- ▶ Dieting is not recommended for people with BED diagnosis

BED in the Brain

- ▶ Higher sensitivity to the chemical rewards of food-related stimuli
- ▶ Higher impulsivity in response to food-related stimuli
- ▶ Higher shame and guilt about the disorder
- ▶ Higher levels of anxiety and major depression

Types of Eating Disorders

Clinical Diagnoses

- ▶ Anorexia Nervosa
- ▶ Bulimia Nervosa
- ▶ Binge Eating Disorder (BED)
- ▶ Avoidant Restrictive Food Intake Disorder (ARFID)
- ▶ Other Specified Feeding or Eating Disorder (OSFED)

Unofficial, but recognized disordered eating behavior

- ▶ Anorexia Athletica
- ▶ Orthorexia Nervosa
- ▶ Excessive Exercise
- ▶ Diabulimia
- ▶ Drunkorexia
- ▶ Emotional and Compulsive Eating

Emotional and Compulsive Bingeing



Patient T

Emotional Bingeing:

- ▶ An increase of food intake in response to emotions
- ▶ The act of eating works to soothe or engage the emotion
- ▶ Acts as a coping skill to tolerate emotions
- ▶ Normal eating habits often resume after

Patient W

Compulsive Bingeing:

- ▶ Food intake without regard to physical hunger cues
- ▶ The act of eating disengages mind and body
- ▶ Eating behavior will override disinterest
- ▶ Tends to be the normal eating habit

Binge Eating Disorder Criteria

Recurrent episodes of binge eating characterized by

- ▶ Both consuming an abnormally large amount of food in a short period of time compared with what others might eat in the same amount of time under the same or similar circumstances
- ▶ And experiencing a loss of control over eating during the episode.

Patient T: Typical binge would be hours after a conflict with spouse, consist of \$30-\$40 worth of baked goods, and describing the time between a binge urge and the behavior as, "A train picking up speed."

Patient W: Typical binge would be at the same time every day, consist of processed foods, and describing the binge as, "The food is there, so I have to eat it all."

Binge Eating Disorder Criteria

These episodes feature **at least 3** of the following:

- ▶ Consuming food faster than normal;
- ▶ Consuming food until uncomfortably full;
- ▶ Consuming large amounts of food when not hungry;
- ▶ Consuming food alone due to embarrassment;
- ▶ Feeling disgusted, depressed, or guilty after eating a large amount of food.

Patient T: Bingeing would be alone in the car or in the kitchen after family is asleep. T would buy more than she could eat in one sitting, eat frantically and hide the remaining food until she had another opportunity to binge. She would exercise until nauseated mornings after to punish herself for the binge.

Patient W: Lives alone and bingeing was isolated to home; would get 2-3 meals at fast food restaurants and/or order food from Amazon Prime to be delivered to her within the day so that she would not have to buy it in public. W experienced daily depression and anxiety, but described feeling "numb" during and after a binge.

Binge Eating Disorder Criteria

- ▶ Overall, they feel significant distress about their binge eating.
- ▶ Their binge eating episodes occur, on average, at least once per week for 3 months.
- ▶ They do not show regular compensatory behavior associated with bulimia nervosa, nor do they binge eat solely during an episode of bulimia nervosa or anorexia nervosa.

Patient T: Her distress came in the forms of taking the majority of housework in order to protect hiding spots for binge foods (including a garbage can in the driveway), resentment towards spouse for triggering binge urges, and excessive exercise to punish herself as, "I know I deserve it." She placed morality on the goodness of her exercise versus the badness of her bingeing.

Patient W: Her distress became hopelessness and feeling empty as the bingeing was providing a numbing effect. She placed morality on the goodness of being nonreactive to stressful situations versus the badness of admitting something is wrong.

Intervention and Referral to Treatment

- ▶ 3 approaches that may make adult patients more comfortable discussing BED
 - ▶ You aren't alone
 - ▶ BED is a real condition
 - ▶ Ask permission₁
- ▶ Focus on feelings over behaviors
 - Ex: "How does it affect you to have to eat in secret?"*
- ▶ Empathetic, non-judgmental, knowledgeable
- ▶ Identify motivation for treatment
- ▶ Have a plan for the next step

A guide to using the Binge Eating Disorder Screener-7 (BEDS-7)

This patient-reported screener is designed to help you quickly and simply screen adults whom you suspect may have binge eating disorder (B.E.D.).

This tool was developed by Shire US Inc and is intended *for screening use only*. It should not be used as a diagnostic tool.

USING THE BEDS-7 IS SIMPLE:

STEP 1: QUESTION 1

If the patient answers "YES" to question 1, continue on to questions 2 through 7.
If the patient answers "NO" to question 1, there is no reason to proceed with the remainder of the screener.

STEP 2: QUESTIONS 2-7

If the patient answers "YES" to question 2 **AND** checks one of the shaded boxes for all questions 3 through 7, follow-up discussion of the patient's eating behaviors and his or her feelings about those behaviors should be considered.

STEP 3

Evaluate the patient based upon the complete DSM-5® diagnostic criteria for B.E.D.

The following questions ask about your eating patterns and behaviors within the last 3 months. For each question, choose the answer that best applies to you.

1. During the last 3 months, did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)?	Yes	No
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NOTE: IF YOU ANSWERED "NO" TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.

2. Do you feel distressed about your episodes of excessive overeating?	Yes	No
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Within the past 3 months...	Never or Rarely	Sometimes	Often	Always
3. During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?				
4. During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?				
5. During your episodes of excessive overeating, how often were you embarrassed by how much you ate?				
6. During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?				
7. During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape?				

Planning for next steps

Intervention - Binge Eating Disorder Discussion Guide

<https://www.bingeeatingdisorder.com/hcp/media/BingeEatingDisorderDiscussionGuide.pdf>

Screening - BEDS7 (Binge Eating Disorder Screener-7)

<http://www.vyvansepro.com/documents/Adult-Binge-Eating-Disorder-Patient-Screener.pdf>

Referral - Contact Cigna to request providers or contact National Eating Disorders Association (NEDA) www.nationaleatingdisorders.org

Assessment and Treatment- Appropriate level of care and discharge plan for next level

Q & A

Additional Questions

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